

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.	10/702149	FILING DATE
APPLICANT(S)		

11/11/07

CLAIMS

AS FILED	AFTER		AFTER		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT						
1		1								
2		1								
3		1								
4		1								
5		1								
6		1								
7		1								
8		1								
9		1								
10		5								
11		1								
12										
13										
14		1								
15		1								
16		1								
17		1								
18		1								
19		1								
20		1								
21		1								
22		1								
23		5								
24		1								
25										
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
TOTAL IND.		1								
TOTAL DEP.		29								
TOTAL CLAIMS		30								

TOTAL IND.		1								
TOTAL DEP.		29								
TOTAL CLAIMS		30								